

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/30/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 63650 (percutaneous implantation of neurostimulator electrodes, 63690 (electronic analysis of implant) and 63691 (reprogramming of pulse generator). The respondent denied treatment with 'R.' A copy of the BRC, agreement, dated 1/17/02, was attached which showed agreement to reasonable and necessary medical treatment, therefore this is a fee dispute.

II. RATIONALE

- The requestor submitted to Medical Dispute Resolution due to the lack of reimbursement for treatment/services rendered post BRC agreement. The BRC disputed issues did not included extent of injury issues. As of this date, a TWCC 21 has not been filed on this date of injury disputing extent of injury or compensability, therefore the denial based on extent is not valid and the file will therefore be reviewed for fee issues according to the Medical Fee Guideline.
- TWCC sent a letter to the requestor dated 8/5/03, requesting 'two copies of additional documentation' to review the file.
- The respondent asserted in his summary of position he was "...relying upon the peer review by _____. _____." According to 133.307(j)(2), responses to medical disputes shall not address new or additional denial reasons for defenses after the filing of an initial request.
- The additional documentation submitted by the requestor did not support the services rendered according to 133.3(a)(3)(D), 413.031 and Medical Fee Guideline Ground Rules, therefore reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code(s) 63650, 63690 and 63691.

The above Findings and Decision are hereby issued this 3rd day of February 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

